

FLATHEAD KENNEL CLUB Reimbursement Request Form

(Please type or print. Thanks!)

Please submit this form with ALL original receipts attached

Name of requestor: _____

General expenses: (dvds/books/periodicals, food, beverages, awards, ribbons, postage, advertising, office supplies, copying, etc.)			
Date	Purpose/Description	Item	Amount
		Grand Total	

Signature: _____

Date: _____

Approved by: _____

Date: _____

Check #: _____